

Girard (A. C.)
With compliments of the author.

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FIVE LETTERS FROM EUROPE

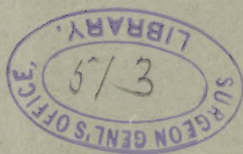
—TO—

PROF. N. SENN.

—BY—

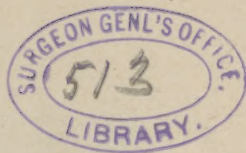
MAJOR A. C. GIRARD,

SURGEON, U. S. A.



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LETTERS FROM MAJOR GIRARD, SURGEON
U. S. ARMY, TO PROFESSOR SENN.

No. I.

SEA VOYAGE—BREMEN—GÖTTINGEN—DR. HILDEBRANDT—PROF.
KOENIG AND THE GÖTTINGEN CLINIC—
PROF. ORTH.

GÖTTINGEN, Feb. 9, 1894.

Dear Dr. Senn:—In compliance with your request and the invitation of Dr. Hamilton, I will commence a series of letters, relating what, in my travels, I may find of interest to the profession. Owing to my appointment as delegate from the War Department to the International Congress at Rome, my professional tour in Germany has to be somewhat curtailed, but I hope to supplement this loss by an account of my experiences in the "Eternal City."

As a preface I desire to say that I do not expect or hope to compete with your inimitable style in the "Four Months Among the Surgeons of Europe." My account will also not be in chronological form, hence the dates of my visits and their durations will be omitted.

The passage in the steamer gave me an opportunity to test the efficacy of the treatment of naupathy recommended by Dr. Skinner in his excellent article in the *New York Medical Journal* of last December. I had provided myself with the necessary solutions of atropin and strychnia, and that of caffein. Unfortunately, I met a ship's surgeon who either was not, or did not want to be, a believer in any treatment for seasickness, and consequently I was not given the privilege of experimenting on the steerage passengers, but I had a number of personal friends in the first cabin, who gladly availed themselves of any means of escape from the horrible malady. Among them I noted particularly three very distinct cases: One where a lady, by means of the injec-

tions, was enabled to go to table, while she had before suffered from violent headache and intense nausea. The passage being very stormy, the treatment had to be continued almost daily. The other, a lady who had suffered from endless vomiting day and night for four days, was almost miraculously relieved by one injection of half a dose, and although she was not able to appear on deck until near the end of the voyage, could partake of her meals in her stateroom.

The third case, an elderly lady suffering from excruciating headache and vomiting up to hematemesis, after one injection was at once relieved.

I am sorry that I did not have a better opportunity of testing more fully this treatment, but with pleasure add this testimony to that of Dr. Skinner, holding out some hope to the sufferers on the sea.

Your introduction to Dr. D. Kulenkampff of Bremen, led to a very cordial reception. The Doctor took great pains to exhibit to me the various hospitals, many of them the outcome of private charity, of which Bremen may well be proud. The "Städtische Krankenhaustalt" especially is almost perfect in its appointments—great cubic capacity of beds, floors laid with linoleum or cement, direct and indirect heating, ventilation by expiration, wide porches, two detached disinfecting rooms—one by dry heat, the other by steam—detached, well ventilated and well appointed kitchen and storerooms, electric dynamos, etc. The operating room is tiled on the walls, the floors marble terrazo, such as the surgeons deemed a necessity a few years ago. This is by the surgeons themselves now considered a not indispensable luxury, which is replaced by thorough individual asepsis. The appliances for sterilization are complete.

In the other hospitals, the old methods of heating by means of large stoves and natural ventilation are mainly relied on.

On my arrival in Göttingen I was very kindly received by Dr. Hildebrandt, formerly first assistant to Prof. Koenig, and now one of the teachers of surgery in the University. He introduced me to the great surgeon (Koenig), whose name in Northern Germany is mentioned in the same breath

with von Bergmann and von Billroth. Speaking of the latter, I learned yesterday with great regret that, after a brief illness, he had passed to the unknown country—a loss to surgery which you no doubt greatly regret.

A few notes from Prof. Koenig's clinic may be of interest. He presented a young man of anemic countenance suffering from tubercular synovitis of the knee-joint. The limb was somewhat atrophied. The circumference of the knee slightly enlarged, motion fair to about 35 degrees. I had learned in Bremen that a reaction had taken place in Germany with regard to operative procedures in tubercular joint diseases, and that the knife was rarely resorted to. I expected to see an injection of iodoform emulsion, but found that a reaction of the reaction had taken place in Prof. Koenig's clinic. He said that while in [children or wealthy people non-operative treatment might be justifiable, until indications for operation were absolute, in the working class, who expected to be fitted for bread-earning in the shortest possible time, such a procedure was not justifiable. He predicted that he would probably not even find affection of the cartilage, but expected from the thickening of the synovial sac, extensive tubercular deposits in the same. As to the method of operation, flaps, etc., he said that as to eventual success they made no difference whatever. He chose Hahnemann's method of incision across the patella and division of it by the saw after application of the elastic bandage and Esmarch's tourniquet. He then very carefully dissected off the synovial sac, including the mucous bursa, removed with the saw the epiphyses, trimming off the edges with a small sharp knife, united the patella by means of a shoemaker's awl and catgut, and periosteal continued catgut suture, placed a drainage tube in either side of the joint and beside the extensor tendon, enveloped the whole in a wood wool dressing and then placed it on a posterior splint. After this the constricting band was removed. The operation took an hour.

The next operation was an amputation of the thigh for recurring tubercular disease, which originally appeared to have been started by an injury to the foot, with eventual development of tubercular foci in the bones of the tarsus,

then in both elbows, finally in the knee joint. The operation was performed after the clinic by one of the senior students under the direction of the Professor. Elevation of limb, elastic bandage and constrictor (which, by the way broke during the operation and had to be replaced without perceptible increase of flow of blood, owing to rapid pressure on femoral), flap. The periosteum was retracted, but no flap made or fastened. Single ligatures. One of these slipped off toward the end of the proceedings, showing the wisdom of your method of double ligatures.

The next operation was for epispadias, made by the Professor himself,—the second step in the procedure, the first having brought about closure of the canal. A circular flap around the opening, liberated to the bottom of the urethra was folded over a catheter and united in the fashion of the Lembert suture. The defect was covered by a flap brought down from above the urethra, presumably not encroaching upon the parts eventually covered with hair and the whole held in place with catgut stitches.

The operations were performed under chloroform, although since the last Congress of Surgeons, ether more and more takes its place, not with great willingness, however, on the part of the German surgeons. In the last case ether was used at first, but owing to spasmodic action of the abdomen, flooding the field of operation with urine, abandoned and replaced by chloroform, which speedily brought about an even narcosis.

A resection of the hip-joint—without chain saw—was done with great dispatch and knowledge of the landmarks used, and was carried into the interior of the pelvis through the acetabulum to remove tubercular deposits.

As to Prof. Koenig, he is a man apparently of 60, with a determined face, but generally kindly manner.

The buildings of the clinics are all new, and in every respect up to modern views in such matters. None but cases useful for instruction are admitted, and the chiefs of the several clinics are autocrats in this question. Prof. Erb has charge of the internal clinic; Prof. Orth of the Pathological Institute, which is the roomiest, best adapted building of its kind I have ever seen. A new work by Prof. Orth's pen has

just appeared on "Diagnostics based on Pathologic Changes." It fills a want. Prof. Rosenbach, a very urbane gentleman, the discoverer of staphylococcus and streptococcus, has charge of the Surgical Policlinic. I believe that the facilities of Göttingen for either study or post-graduate investigations are equal to any university, and the absence of distractions in the town should, it appears, lead to studious habits. I regretted, however, to find that the native students did not avail themselves as they should of the splendid opportunities offered them, and that so many empty seats must have a depressing effect on the enthusiasm of the teacher.

My next will be devoted to Würzburg.

Sincerely yours,

A. C. GIRARD.

No. II.

WÜRZBURG—JULIUS HOSPITAL—PROF. SCHÖNBORN—DR. HOFFA.

WÜRZBURG, Feb. 13, 1894.

Dear Dr. Senn:—On my arrival in Würzburg I proceeded to the Julius Hospital, where thirty-two years ago I had attended the clinics, and was greatly surprised and pleased that, instead of being directed to the old amphitheater in the main building, I was informed that a new operating room with attendant offices had been constructed in the second court and occupied since 1889. I repaired thither and presented myself to Prof. Schönborn, the distinguished operator of this University. I met with the cordial reception usually bestowed upon Americans, especially when provided with an introduction from you. It being the hour for the clinical instruction we proceeded through a large anteroom paved with marble terrazzo to the amphitheater. This room has accommodations for about 200 students; the framework of the seats being of iron, the walls of cement, the floor of cement stone; the whole room can be and is treated twice a week with a powerful stream of water, thus effectually disposing of any accumulation of effete matter. In this respect, as well as in the lighting, it is superior to that of Göttingen. In this latter place a large glass front faces the amphitheater, which is also lighted by a sky-

light, while in Würzburg the three sides of the amphitheater above the seats and the ceiling are all of glass, providing an excellent illumination. Night operations are lighted by a gas chandelier, which can be raised and lowered. The operating table is a marvel of ingenuity.

The clinic commenced with presentation of a spindle-celled sarcoma adjoining the knee, a pes valgus, an osteosarcoma of the femur and a fistula in ano. The consulting staff, as you call them, composed of three students of the advanced course, distinguished themselves by very brief answers in a low voice. The Professor excusing himself to me for this exhibition, I suggested timidity, but he bluntly called it ignorance. He operated on the fistula with the greatest care, curetting it after laying it open, carefully searched for possible side channels and then cut off with scissors all the superlying tissues, considering it all tubercular tissues. The usual iodoform gauze packing terminated the proceeding.

A patient was then brought in with a tubercular abscess over the manubrium sterni. After chloroforming, an incision was made over the bulging abscess and a large quantity of pus escaped, which apparently had burrowed along the lower border of the clavicle. The whole clavicle was exposed by an incision and a large counter incision made in the axillary cavity, giving passage to an enormous quantity of pus, the origin of the abscess apparently proceeding from the under part of the sternum. This was removed by chisel, gauze, and rougeurs, exposing an extra-pleural cavity in the chest. The Professor indicated where he would incise the internal mammary artery, but found it impossible to seize the violently spurting vessel among the rigid tissues and after long continued ineffectual attempts he had to content himself with plugging the cavity with iodoform gauze and thus arresting the bleeding. I would have felt safer if the Paquelin cautery had been applied, but kept my own counsel.

I am promised for to-morrow by Prof. Schönborn a high excision, of carcinoma of the rectum, and by Dr. Hoffa, the orthopedist, an operation for congenital luxation of the hip joint.

I met Dr. Hoffa, who is quite well known in the Eastern States from a sojourn there, at his private clinic, and was fortunate enough to witness the above operation, which is a specialty of his. He stated that he had made it seventy times with uniform success. I saw a number of convalescent cases with excellent results. A girl of 18, on whom he operated, had one side operated on with good motion. The peculiar lordosis of the unoperated case still existed, but disappeared at once after the second excision. His operation differs from that of Lorenz, by its being made with a posterior incision, which is more suitable for resection of the head of the femur. In very small children, he contents himself with excavation of the acetabulum, while in grown persons, owing to the difficulty of obtaining good adhesion, he saws off the head immediately above the trochanter. In the former operation Lorenz's method is claimed to be preferable, as causing less hemorrhage. This, however, seemed to be very slight even in Hoffa's method. A slightly curved incision about eight inches long parallel with the border of the ilium is carried down to the gluteus maximus which is divided in the direction of its fibers down to the gluteus minimus, which has to be divided transversely. The trochanter being reached its muscular attachments are peeled off beneath the periosteum and the bone sawed through, so that when it is brought into proper position the sawed surface is in exact apposition with the ilium above the acetabulum. The head is then removed and the capsule carefully excised. The periosteum of the part of the ilium, which is to receive the trochanter, is freshened. After careful flushing the limb, from the extreme flexed position maintained during the operation, is extended, the wound packed with iodoform gauze, and the limb placed in an extension apparatus. The operation appears to have obtained favor among the German surgeons, as I saw a convalescent from it at Koenig's clinic.

Dr. Hoffa has a very complete set of orthopedic apparatus, among which those liberating adhesions in joints by means of oscillating weights particularly attracted my attention.

The cases in Prof. Schönborn's clinic were first, Rydygier's operation for carcinoma of the rectum. A short

description of the operation as performed here may be of interest. A curved incision starts from about two inches of the anus along the left sacro-iliac articulation to the rim of the ilium, and is met by a transverse one along the upper border of the sacrum. The left sacro-iliac ligaments are divided. The sacral nerves of that side are sacrificed. The sacrum after blunt liberation from the soft parts is tipped over and exposes the rectum. This part of the operation was complicated by severe hemorrhage, which required numerous ligatures. The rectum was ligated after the usual precautions and excised, after which the ovaries and some of the intestines came into plain view. Prof. Schönborn is averse to suture of the peritoneum, as it greatly prolongs the operation and increases its dangers. The wound is simply packed with iodoform gauze. For the same reason he prefers bringing down the bowel to the external orifice and stitching it to an incision around the external sphincter, instead of making an intestinal suture. He also believes that in case the sutures do not hold, the disaster with external suturing is not as serious as when the feces escape into the pelvic cavity, between the ends of the bowel. He is not in favor of locking up the bowels, as eventually this brings a great strain to bear from the inevitable accumulation.

The next operation was for mastoid disease of only six weeks standing with otorrhea, which two weeks ago suddenly became arrested, resulting in rise of temperature, tenderness over the mastoid process, headache, etc. An incision parallel to the ear, over the process exposed the bone, which was at once attacked with chisel and gouge. Pus was only reached when the inner table was exposed, which already revealed a perforation and fibrinous deposit on the dura. Every vestige of diseased or infiltrated bone was removed by the gouge, the cavity packed with iodoform gauze and the external meatus filled with iodoform. Prof. Schönborn insisted on early operation in all these cases and on its being made thoroughly. The most minute care was taken to preserve asepsis.

I may mention here, that I learned that the arrest of hemorrhage of the internal mammary in yesterday's

operation by the iodoform tampon was successful. Prof. Schönborn, on inquiry, informed me that he did not believe that the cautery would arrest hemorrhage from such a large vessel and that he had to resort to the tampon because it was impossible to seize and ligate the artery in the dense cicatricial tissues which surrounded it.

My next will be from Heidelberg.

Yours very truly, A. GIRARD.

No. III.

HEIDELBERG—PROF. CZERNY—STRASSBURG—PROF. LUECKE—
PROF. VON RECKLINGHAUSEN—BALE—PROF.
SOCIN.

HEIDELBERG, Feb. 14, 1894.

Dear Dr. Senn:—The purpose of my visit to Heidelberg was to see Prof. Czerny and observe the management of his clinic. If I am a little disappointed I must ascribe the major cause to the miserable weather and lack of expected news from home, both of which will to a certain degree affect even a stoic. Perhaps, to the taste of the distinguished Professor, I was not a big enough personality, and when on inquiry, if I was a Surgeon-General, I replied in the negative, I thought I perceived a shade of difference in manner, all of which may be a result of my mental depression and goes to show that, even with the most honest intentions, reports of clinics depend to a certain degree on the mental condition of the writer.

Prof. Czerny is one of the foremost of German surgeons, and is spoken of as the successor of the lamented Billroth. He is said by his assistants to have deprecated any intention of leaving Heidelberg, a view ardently indorsed by those who well know that with him one of Heidelberg's brightest stars will leave; but it stands to reason that he can not refuse one of the greatest chairs in Germany (including Austria among the German-speaking universities). The present operating room of the clinic is very antiquated and will be replaced in May by one in course of construction, of which anon.

While the cases presented in the clinic were not of the brilliant kind, they still conveyed valuable lessons. A woman with a synovitis of the knee joint of a metastatic nature, in consequence of an attack of quinsy, had been aspirated some weeks ago and allowed at once to return to her home. Result: Severe inflammation. The lesson conveyed was that an aspiration should not be considered a slight operation and absolute immediate rest in bed must be insisted on.

A case of non-venereal multiple papillomata of penis and scrotum was operated on by one of the assistants with scissors and the Paquelin knife, while the Professor proceeded to operate on the case of the day. A boy of about 18 had been suffering with tubercular perforation of the squamous portion of the temporal bone and of the mastoid process, both of which were in communication with the external meatus. Gradually cerebral symptoms set in, leading to the suspicion of pyemic infection and thrombosis of the sigmoid sinus. With chisel and gouge the canal of the sinus was laid open, without revealing the expected thrombus. The operator then dissected down to the internal jugular and found no evidence of thrombus there. He was certain of the presence of a pyemic focus somewhere, but deemed ligation of the jugular or further investigation unjustifiable and the prognosis more grave on account of his inability to locate the trouble.

The wards of the surgical clinic are built on the two story pavilion system, eight in number, each abutting on a central corridor, and accommodating about forty public patients and some private ones. The new operating amphitheater is at the end of this corridor and has on its lower floor rooms for the surgical polyclinic, and on the second one, beside the large operating room, the office of the Professor and several rooms for special examinations such as ophthalmoscopy, cystoscopy, etc. The operating room faces north and, as far as illumination is concerned, combines the advantages of Würzburg and Göttingen.

STRASSBURG.

I visited Prof. Luecke at his clinic. The buildings pertaining to the clinical departments of the University have

all been built, with the exception of the internal clinic, since the Franco-Prussian war, and are beautiful structures and in every way equal to those heretofore described in other places. Asepsis is carried out so scrupulously in Luecke's clinic that visiting physicians, who in the area are more or less in contact with the operating paraphernalia, are invested with operating aprons and sleeves, a good precaution no doubt. Ether has been introduced in this clinic for several months. Fearlessness of the results has, in my opinion, led to the practice of too profound an anesthesia, approaching asphyxia, and sooner or later fatal cases will be reported which will unjustly be attributed to ether—it should be abuse of ether.

The first case, enucleation of a large lipoma of the occipital region (large orange), calls for no special remark. Prof. Luecke operates rapidly and nervously and his assistants have no easy task.

The next case was a suicidal attempt of an actor—three pistol wounds inflicted with a small pistol on right temple and forehead. Two bullets were found flattened against the temporal bone, without injury to the osseous tissues (!) The third entered the right supra-orbital arch, under which it passed to the right frontal sinus, which it entered. The opening was enlarged with the chisel, but the bullet was not found. The usual packing with iodoform gauze terminated the operation. A Nélaton probe, which would have found special application in this case for location of the bullet among the osseous tissues, had unfortunately been mislaid and was not available.

The third case was a tubercular abscess over the ninth rib of the right side. After incision and evacuation a small focus was discovered, which was cut out with the spoon. I remarked, that Prof. Senn did not believe the spoon sufficient to prevent recurrence, upon which (possibly it might have been done without it), subperiosteal resection of the rib through sound tissues with the bone forceps was immediately performed. Prof. Luecke agreed entirely with your views on the subject.

To-day I witnessed an operation for removal of a goitre, which by compression of the trachea threatened the life of

the patient. The tumor being almost solid was not suitable for Socin's enucleation, and it was removed *in toto*. The only point of importance was that the anterior superior thyroid artery was enormously distended, and being incised caused an extraordinary hemorrhage, which left the patient pulseless without alarming the operator, who as sole measure of restoration ordered hypodermic injection by hydrostatic pressure of the 3 per cent. solution of sodii chlorid with perfectly satisfactory results, since the patient was restored to consciousness by the time the various ligatures had been applied.

I learned various points of Prof. Luecke's methods in conversation, when he very kindly made the rounds of his clinic with me. The same obtains here as at other similar institutions in Germany, i. e., the director of the clinic, meaning the professor of surgery, selects the cases for admission. The patients generally pay two marks (50 cents) a day and in exceptional cases only are admitted gratis.

Prof. Luecke rarely resorts to extra capsular resection of the head of the femur for cavities. He cuts the upper rim of the acetabulum from an interior incision and either removes the head inside the capsule with the chisel or only the diseased parts with the sharp spoon. I saw several cases which made an excellent recovery with free motion of the joint.

He exhibited to me his modification of Glück's method in pseudarthrosis and arthrodesis. Glück drives a hollow ivory nail with lateral perforations into the medullary canal of each of the bones to be united and connects them with a screw peg. Luecke, finding that this peg produced an impassable bridge for bone formation, does not attempt bringing the two hollow pegs forcibly together, relying for this on the elasticity of the muscles and only prevents lateral displacement by the introduction of a central peg, like the pencil in a pencil holder. I saw a foot which had been operated on in this manner a few days ago for paralytic varus, the joint surfaces having first been denuded. It appeared already fairly solid.

A little boy with gastrostomy with valvular opening was cheerfully perambulating the ward. Three children had

been successfully operated on in this manner during the year and in all three cases lye was the irritant which brought about the stenosis of the esophagus. Dilatation from below was not attempted.

I met in Strassburg in the Pathological Institute Prof. von Recklinghausen, who was first assistant to Virchow, when I made my studies there in 1859 and 1860. His pathological establishment is on a large basis, the collection very rich and, no doubt, would offer a splendid school for Americans, who desire engaging in that particular study.

My next stop was in Bâle, where my principal purpose was to visit the clinic of Prof. A. Socin, who had been my teacher thirty years ago. He is rated among the prominent surgeons of Europe. I found him as fresh as ever, a painstaking, thorough clinical teacher and a fearless, but careful operator. His clinic was in proportion to the number of students in the University very well attended, better than any of those I had visited heretofore. His plan is to operate as little as possible during the hours of clinic, but to present the cases and submit them to an exhaustive clinical analysis, during which the "consulting staff" have no easy time, but are induced into methods of careful reasoning and defense of views.

Among the cases I witnessed in the clinic I will mention a hydrocele combined with irreducible inguinal hernia. The canal was opened by an incision extended down to the scrotum, the hernia liberated and reduced into the peritoneal cavity, without attempt at radical cure. The hydrocele was treated according to Volkmann's method, incision, ablation of part of the walls of the sac, suture of sac with external integument, application of a solution of carbolic acid, and then again suture of the scrotal wound. I relate the disposition of the hernia as a matter of observation.

The next case was a recurrent carcinoma of orbit, necessitating the removal of the margin with chisel and gouge. The wound was packed with iodoform gauze after sterilization of whatever skin covering was left. No attempt at primary transplantation.

A "cold" abscess at the lower angle of the scapula was the next case, patient being a young man of about 20, ex-

istence of the swelling having been noticed about four years and no tubercular localization having been found on palpation in scapula or ribs; simple evacuation by means of trocar was deemed the safest treatment. In this connection Prof. Socin related a remarkable case of his practice, which has not yet been published.

A young man presented himself with a swelling in the groin, with impulse on cough, having all the other appearances of a hernia. He had had some disease of the spine some years before, leading to scoliosis. Prof. Socin diagnosed a cold abscess, incised in the groin and evacuated several pints of pus with pieces of the dorsal vertebrae.

The next case, a return of carcinoma in upper maxilla was treated by incision. Injury to the internal maxillary leading to great hemorrhage, which was arrested with a Langenbeck serre-fines, left in the wound, led to abandonment of further procedure.

A metastatic sarcoma of the size of a child's head in the groin was another case presented. It was the result of osteo-sarcoma of the great toe, which was amputated about two years ago. The Professor drew attention to his method of making a semi-plantar, semi-internal flap, thus bringing the cicatrix where it would be free from any pressure.

The inguinal sarcoma was operated on, not with the hope of cure or prolonging life, but to alleviate the annoyance to the patient resulting from probable extensive ulceration and the danger from hemorrhage.

An operation for radical cure of hernia presented some novel features. Prof. Socin makes a *horizontal* incision about two and one-half inches long about the level of the inguinal ring. He claims that being in a line with the natural folds, it heals more readily and gives sufficient room. The sac is passed through an incision in the transverse fascia, to which it is stitched with catgut. Four catgut sutures fasten it then in the inguinal canal. No attempt is made to approximate the pillars of the ring, which accounts for returns of the hernia, he is said to have. Owing to considerable handling of the tissues holding the spermatic cord, he introduced a glass drainage tube in the lower part of the canal. The natural opening is accurately closed with continued suture. He

uses for that purpose a very fine aluminium wire, as flexible as silk, the proper alloy of which he determined after numerous experiments. He has not published yet his results.

I saw among other cases operated on, a nephrectomy for tubercular kidney, in which a considerable part of the peritoneum had been removed, an excision of the tongue for carcinoma with preliminary tracheotomy, and numerous other major operations, showing, that while Prof. Socin deprecates the excessive use of the knife, owing to the impunity conferred by Lister's discovery, he is well in the advance in the boldness of his operations. In his clinic he predicted that in the next generation a reaction would set in and that many surgical diseases, which at this time led to operations, will be cured by internal medication, and that internal medicine, which has been thrown into the shade by surgery during this age of new operations, will recover its place.

Sincerely yours,

A. GIRARD.

No. IV.

BERNE—PROF. KOCHER—DR. QUERVAIN.

BERNE, SWITZERLAND.

Dear Dr. Senn:—I have made here several visits to the "Inselspital," and from what I have seen so far, I expect to witness as high a perfection in surgery as may be seen anywhere. I have heretofore in my letters avoided invidious comparisons and personalities, and will here also remain true to my plan. The buildings of the Hospital are not ten years old yet, consist of a number of detached structures—the pavilion style—and are heated by a central steam plant and ventilated partly by aspiration, partly by propulsion. I may revert to the description later on.

The clinic (surgical) is under the charge of Prof. Th. Kocher, whom I have heard you mention as the foremost surgeon of Europe. The surgical material is divided among three pavilions, two of them under Drs. Girard and Niehaus, noted surgeons, are not available for clinical instruction by the nature of the bequests of the founders. The material controlled by Prof. Kocher, however, appears rich, since

during the last year 600 major operations were performed in the clinic. Some two years ago Prof. Kocher, who is an extreme believer in aseptic surgery, had a glass room constructed for his operations, which contains nothing but a copper operating table. The dressings are held in cylinders, which are sterilized from an adjoining room and open with air tight doors into the operating room. The amphitheater, where the clinical lectures are given, is not used for operations, to which usually only six students are admitted. This arrangement, beside facilitating asepticism, is claimed to be more profitable for the students as they can closely watch the operations to which they are admitted. Kocher operates with only one assistant, beside the Sister of Charity, who presides with extreme skill and foresight over instruments and ligatures. Another assistant gives the anesthetic. In connection with this, I may mention an ingenious contrivance, suitable particularly for struma operations, which are frequent here. It is a bow attached to the head of the table, from which a rubber veil passes to the chin of the patient, protecting the operator from the anesthetic and the wound from possible pollutions by the patient.

Kocher is very particular in his hemostasis and seizes even minute blood vessels with his forceps, of which often twenty or thirty surround the place operated on. The superficial vessels after completion of the operation are treated by torsion except in struma, the deeper and larger vessels ligated. In this manner his operations are nearly bloodless. He proceeds with great deliberation, but divides each layer of tissues with one stroke of the knife with great accuracy.

The first operation I saw him perform was for catarrhal appendicitis in a young woman. His manner of effecting removal of the appendix may be of interest. He first circumcises the peritoneum, strips it back and divides the appendix with the Paquelin knife between two ligatures and finally ligates the peritoneum over the stump. The mesentery of the appendix is meanwhile held with long-bladed forceps and then ligated and divided. The ends of the incision are then hooked up on sharp hooks, peritoneum, fascia and muscles are included in one continuous suture, and over this the skin.

The next operation was a cholecystectomy for gall stone. The gall bladder was found to contain a stone about three inches long, filling its whole lumen. It was attached by adhesions throughout, which were lifted up piece after piece with his director—one of the most useful instruments in surgery—and ligated prior to division. The gall bladder was excised *in toto*, in a manner similar to the appendix, blood vessels treated as usual, and same suture. The operation was practically bloodless and excited my greatest admiration.

The third operation was his modification of Alexander's operation for retroversion and prolapsus. The right round ligament was readily found, drawn out about five inches (which were cut off), and sewed with four silk stitches into the fascia of the m. obliq. externus and the canal closed with two or three more sutures. Blood vessels and skin sutures same as usual. On the left side it was found that the patient had sustained at some time before at another hospital an operation for radical cure of hernia and the ligament had been cut away, as it could not be found. Vaginal examination showed that the uterus was drawn upward and to the right.

The anesthesia in all these cases commenced with chloroform and after insensibility was produced, it was continued and kept up with ether. This method seems very satisfactory and no annoyance was caused by the anesthesia.

Prof. Kocher appears to be overwhelmed with private operations and consequently leaves considerable operating work to be done by his first assistant, Dr. F. de Quervain, who is favorably known to the profession by his monograph on "Cachexia Thyreopriva." He is an expert operator and is considered one of Kocher's ablest disciples. Yesterday he made three radical operations for hernia, which unfortunately I missed. This morning he opened a mastoid abscess with a thermo-cautery knife and subsequently operated on a compound double fracture of tibia and fibula. After carefully disinfecting the surface and applying the Esmarch tourniquet, he exposed the fractured tibia, made resection of the fractured ends and by sawing out a step from each end brought them in apposition. The commin-

uted parts of the fibula were removed with the forceps. Wiring of the ends of the tibia made shortly after the accident,—caving in of a bank of earth—which had led to the fracture had failed, the wires cutting through the bone. The limb was placed in a plaster-of-paris dressing with the necessary fenestrae, strengthened with strips of veneering, a procedure novel to me.

A resection of the knee joint, which had been made by him and was healing by first intention was then placed in a plaster splint. I remarked that he deviated from the practice of the German surgeons—and I believe also yours—in making the resection so as to have the limb perfectly straight. I was informed that the results of partly flexed position had not been found satisfactory as the flexion gradually became more pronounced and the limb useless.

This afternoon Prof. Kocher made his modification of Alberti's operation of gastrostomy. He makes a vertical incision about four inches long in the usual place, to about two inches above and to the left of the umbilicus. With his usual care he proceeded with the hemostasis and division of the several layers and drew out part of the stomach. With artery needle he ligated the vessels on both sides where the sutures were to be inserted. He then closed the abdominal opening to about two inches in the manner described heretofore, and after having drawn the stomach out about four inches, stitched it to fascia and peritoneum with continued suture. He then prepared a channel for the part of the stomach drawn out, by separating bluntly the skin from the ribs and made an incision at about the sternal end of the sixth rib, into which he *forcibly* drew the pouch and with four interrupted sutures sewed it to the margin of the incision. This method is said to make a perfect valve, requiring no pad and not liable to eventual change, as in Alberti's operation.

The next operation was excision of a carcinomatous mamma. After carefully outlining the shape of the gland and marking the margins with a nick of the knife, he made a circular incision and dissected gland and fascia from the pectoralis muscle. The incision was carried into the axillary cavity and every vestige of lymphatic glands, (which ap-

peared perfectly sound) dissected in the most painstaking manner from the axillary blood vessels. The skin was then united with continued suture and a small remaining defect covered with Thiersch graft.

BERNE, February 27.

To-day's surgical clinic was about as exquisite to my taste as one of Thomas' concerts would be to a music lover. First two women were presented to the class, both with typhlitic abscess. The "consulting staff" were well quizzed by Prof. Kocher and acquitted themselves very creditably. The attendance in the clinic was the best I have seen so far anywhere, except at Rush. The first woman exhibited had a fluctuating tumor in the right hypogastric region. No local disturbance discoverable in the anamnesis, except some diarrhea. The tumor had gradually grown during four weeks and discoloration of the skin was pronounced. A careful analysis, positive and exclusive, of all possibilities was made and probable perforative appendicitis, possible perforation of cecum or colon diagnosed. With the aspirator syringe a small quantity of ill smelling pus was removed, which confirmed the diagnosis. The crucial test was established by microscopic examination, which revealed a great cavity of microorganisms, among them staphylococcus, streptococcus, diplococcus, bacillus coli and even the comma bacillus.

The other one was still more remarkable, for the tumor was on the *left* side of the umbilicus.

Both cases received hypodermic solution of cocain and the abscesses were incised with the thermo-cautery (to prevent infection) with escape of enormous quantities of fecal pus. The plan of treatment is irrigation several times daily with one per cent. salicylic acid and an antiseptic dressing until granulation is well advanced, then radical operation. In this manner, infection of the wound is prevented.

These operations were made in the amphitheater, since no danger of infection existed for these infected abscesses and they would have lamentably affected the aseptic condition of the operating room, to which Prof. Kocher and the

chosen few adjourned, for the second, the operative part of the program, four capital operations.

1. *Excision of a Struma.* Horizontal incision, careful hemostasis, double ligature of the capsular tissues and division between the ligatures. The operation was almost bloodless and performed in an incredibly short time. I have heretofore omitted stating, that Prof. Kocher uses for buried sutures almost exclusively silk; this is due to occasional infections from the use of catgut, owing to careless preparation of the makers.

2. *Ovariectomy of a single tumor without adhesions.* After division of the tissues in the linea alba, evacuation of the tumor with Spencer Wells trocar (probably two gallons of fluid), upon which the tumor was turned out and the pedicle ligated with silk in two parts and returned to the abdominal cavity. Peritoneum and fascia were then united with a continuous suture and then the skin likewise. No drainage.

3. *Radical Operation of Inguinal Hernia.* Oblique incision. The sac was forcibly drawn out of the ring, (about five inches) then passed through an incision about one and one-half inches above in the transverse fascia, to which it was stitched before and behind with wire sutures. Then it was laid down in the inguinal canal and connected with three more wire sutures and the remaining end cut off. A superficial continued suture completed the operation.

4. *Excision of Carcinomatous Mamma* in a male, age 50. The nipple being in an ulcerated condition was as a preliminary step thoroughly cauterized with the Paquelin. The remainder of the operation was similar to the one heretofore described.

I am about at the end of my description of the Berne clinic, as the "semester" is nearly over. A struma of the size of a large orange was excised from a boy of 14. The reason leading to the operation was that from a tracheotomy performed in childhood, the cricoid cartilage had not recovered the normal strength and even this small goitre caused dyspnea by compression of the trachea. On excision of the tumor the breathing became free, but the slightest pressure on the cartilage led to suffocative attacks.

The next case of struma operated on was a cystic tumor,

apparently without adhesions and only cocain hypodermically was used as an anesthetic. Since, however, additional cysts had formed, penetrating deeply into the intermuscular spaces, the operation was considerably prolonged and a severe tax on the fortitude of the patient.

The next operation was an "Alexander" for prolapsus with cysto- and rectocele. It was performed quickly and with apparent ease, at once correcting the faulty position of the uterus.

A tubercular osteitis of the tarsus led to amputation. First the cuboid bone being diseased was re-articulated, then the head of the astragalus, then a cuneiform bone, and finally pus exuding from the ankle joint; conservative treatment had to be abandoned, and the choice lay between a Pirogoff and amputation. The skin was too much infiltrated for the former, however, and the latter, for which the consent of the patient had been obtained previous to etherization, was performed with a lateral flap.

This morning on my arrival at the clinic I met Prof Kocher leaving. He informed me that he had to go to Lucerne to make a severe operation and that Dr. de Quervain would make the operations this morning. (I learned later that the operation spoken of by the Professor was a removal of the Gasserian ganglion—for neuralgia of the trifacial—by resection and turning back of the zygoma.) Dr. de Quervain made four operations, a double radical operation for hernia, two single ones and exsection of the skull for tubercular disease. In the double hernia the bowel had not passed much beyond the external ring, causing some trouble in finding the sac. Dr. Quervain remarked on the fearlessness of the people in submitting to operations, even for slight defects. The second case was a very large hernia of many years' standing, with a greatly thickened sac. It was operated on in the usual manner expeditiously. The third case was a return of hernia after operation two years before. It was found that the silk sutures, which had closed the canal had cut through the ligament of Poupart. All but one suture were intact.

The exsection of the skull was made with a semi-circular incision. After scraping back of the periosteum three per-

forations about two inches apart and two erasions presented themselves. With gouge and hammer one of the perforations was enlarged and a piece of bone about two by four inches removed with the rougeur, showing the dura mater covered with unhealthy fibrinous deposit. This was scraped off with the spoon, the brain covered with iodoform gauze, and the flap, after excision of the diseased parts, sutured over the opening. No bone grafts were used.

I have given the surgical clinic of Berne a rather large share of my letters for two reasons: One, because I prolonged my stay here, and the other because everything in the operating line was so exact and fascinating that I was greatly attracted.

I may yet send a letter from Zurich, but will probably suspend my epistolary activity until I reach Rome, when I propose sending you an account of the work of the Surgical Section, with which I intend connecting myself.

My letters must certainly have the stamp of impromptu writing, as most of them are written at night, by the light of a tallow candle, after fatiguing traveling and sight seeing, and I hope that shortcomings will be dealt with leniently. Sincerely yours,

A. C. GIRARD.

No. V.

THE INTERNATIONAL MEDICAL CONGRESS AT ROME.

ROME, ITALY, April 7, 1894.

Dear Dr. Senn:—When I promised you a letter from Rome, relating to the International Medical Congress, I did not realize the import of the promise. I had been at the International Congress at Copenhagen and found there no difficulty in following the work of one or two Sections; at least, made notes as the papers were read, and elaborated them at night, so that at the end of the Congress I had a fairly full report of the general sessions and of at least one Section ready for the press. I found matters quite different here, and have been obliged to postpone this letter to the end of the Congress in order to arrange my notes and collect material, when I could not be present in person.

I find that my account of this Congress can not be condensed into one letter, and will devote the first one to general considerations.

The Roman Executive Committee have had no easy task of it, and can not be held responsible for all of the many shortcomings of this Congress. It is evident that the attendance far exceeded their expectations and preparations, thus causing in the commencement great confusion. Over 7,000 physicians attended the Congress. A great majority of these were attracted to Italy by the reduced fares and the prospect of taking in the wonders of this land, while ostensibly attending the Congress. The first two or three days they felt in honor bound to visit the Sections to which they had attached themselves, without, however, earnestly becoming listeners. The result was a restless going in and out, causing such a continued noise that only the persons occupying the rows of seats nearest the speakers could follow the discourse. The place appointed for the general sessions accommodated only 300 persons, while the first two sessions were attended, not only by nearly all the members of the Congress, but by a large lay audience of Roman citizens. The jam occasioned by this enormous concourse can well be imagined. Soon, however, the sights of the great Italian metropolis proved a greater attraction than the scientific work and the Sections were but slimly attended, and the audience in the general sessions fell to about one-half of the capacity of the hall.

In his speech at the dinner given by Minister Baccelli after the third day of the Congress, Prof. Virchow characterized this change with satire. He reverted to the softening influence of Italy. Even Hannibal had lost the edge of his sword under the smiling skies of Capua. Thousands of physicians had wandered across the Alps with the earnest intention of devoting themselves to severe scientific work, but the irresistible amiability of Roman hospitality had somewhat blunted the scientific zeal. He feared that the Congress would fare somewhat as Hannibal did in Capua.

There was another circumstance inimical to continued serious attention. The number of papers presented to the Congress was 2,700; of these more than one-half—perhaps

three-fourths, were in the Italian language, which was understood by a small minority of the 3,000 foreigners. At first the papers were read regardless of the language, often compelling the majority of the audience to listen for hours to a tongue they did not understand. This naturally led to disappointment and indifferent attendance. In some of the Sections this was partly remedied by relegating the Italian papers to the latter part of the sessions, but the stream of favor had already been diverted to other channels and the attendance did not recuperate in numbers. Another great drawback was the distance of the Policlinico from the city. This building is a large hospital on the pavilion plan, completed, but not furnished in time for this Congress. While the first three days it was entirely inadequate for the vast attendance, it was very comfortable during the latter part of the Congress, but still its location caused a loss in transit of two hours a day, unless one took the slim chances of getting a luncheon in the restaurant established in the Administration building.

Now as to the papers presented. Either the reader of the proceedings, when once they are published, or the publishing committee, who will have to select the papers suitable for printing, will have a hard task of it to sift the wheat from the chaff. A general plan of subjects to be reported on and discussed, if such a one existed, was not followed, and if any particular subjects received more attention than others, they received it accidentally because they happened to be questions of the present fashion in medicine. At least 1,500 of the papers presented were of Italian origin. The majority of these papers could not be of any scientific value, as Italy, no more than any other country of equal size, has such a number of physicians capable or in position to manufacture mental food of quality sufficiently good to be worthy of presentation at an International Congress and preservation as a matter of record or a specimen of the progress in medical training.

I believe, therefore, that for immediate or remote scientific results this Congress is a failure, and that all international congresses, when the attendance can not be reduced to a conference of more select spirits, and when distrac-

tions can more than fill the week allotted to the meetings, will be equally barren, compared to the time and money devoted. Still, for all this, I would not condemn these gatherings as useless. We can always notice a nucleus of renowned men, who closely follow the work and, if they do not participate much in the discussions, they gather in what is worth keeping. Around these come in concentric layers the less distinguished, perhaps younger generations, who sooner or later advance to the inner layers.

In this manner, insensibly as it may seem, the men of similar caliber congregate, become acquainted, learn to gauge each other and their methods of investigation and reasoning. These little cliques, as we may call them are, however, limited by language, and when a congress is held in four languages, while but a very small part of the members have command of more than two, and the great majority of but one, as here, the congress ceases to be international as far as the scientific work is concerned.

I have prefaced this letter with general remarks, which properly belong to the epilogue, but deemed them of importance for a correct understanding of what may be said in the secular and medical press.

SOCIAL FEATURES OF THE CONGRESS.

As to the social amenities, of which, judging from the above remarks, there must have been many, they are very creditable to Roman hospitality. When the fetes were general, with admission of a large concourse of invited residents, the arrangements were not sufficient to control and guide the multitudes assembled. Selected gatherings and dinner parties, however, were as exquisite as liberality and art could make them.

The festivities commenced with Sunday, on which various excursions to the Roman "Castelli" were arranged. I participated in one of the Military Section, to Tivoli, to visit the falls of the Arno, the Temple of Sibyl and the Villa d'Este, the country seat of Cardinal Hohenlohe, who had offered the use of the large castle for a luncheon to be given by the medical officers of the Italian Army to the medical officers of foreign armies, of which a large number were present;

not less than sixty of the German Army. The Secretary of the Section, Dr. R. Livi, gave evidence of great organizing talent in this entertainment, as well as in others given by his Section; decorum was never lacking and the crush of other entertainments was avoided by personal attention to accomodation.

The same day a concert was given by the Mayor of Rome to the members of the Congress at the Constanza Theater. In the evening, Minister Baccelli, the President of the Congress, gave a magnificent dinner to the more distinguished members of the Congress, and to the official delegates of the several governments. I had the good fortune of being invited as delegate from the Army Medical Department.

One evening the vast ruins of the palaces of the Roman emperors on the Palatinum were illuminated with Bengal lights; several bands of music played during the evening; the King and his court were present on a special balcony; a powerful electric searchlight illuminated at a distance the thermes of Caracalla, the pyramid of Cestius, the aqueducts, the arches of Constantin, and of Titus, and the Coliseum, etc., the whole making a most splendid spectacle.

Another evening there was a reception in the museum of the Capitol—a most elegant gathering, but such a jam I have never witnessed. The Venus of the Capitol, generally acknowledged the best statue of the many Venuses of antiquity, was illuminated with rose-colored light and appeared life-like.

Tuesday afternoon the Queen of Italy gave a garden party at the Quirinal, to which a limited number of invitations were issued to distinguished members of the Congress and to delegates. Of the Romans, only those who were received at court were present. I was also among those fortunate. Presentations to the King and Queen, music by two fine bands, and luncheon served by the royal servants were the order of the day. The affair was very enjoyable.

The last day of the Congress was celebrated by the dinners of the several Sections. The one by the Section of Military Medicine and Surgery to which I was invited, was held at the Aquarium, a dome-shaped magnificent hall. Nearly every person of about 300 guests was dressed in full uniform

with all their decorations. The United States Army uniform looked very plain among all these brilliant uniforms, but the spectacle was brilliant, the menu very good and the speeches in the various tongues cheering.

After the closing of the Congress a luncheon was given at the immense Roman baths, the thermes of Caracalla, at which 14,000 persons were present, with the jam usual on these general occasions.

A flower corso in the afternoon, at which over 3,000 carriages participated and a punch by the officers of the Italian Army, at their club, to the members of the Military Section, concluded the official festivities.

Numerous private balls, concerts and dinner parties were given during the Congress.

All the galleries and museums were open to the members of the Congress free of charge. It will be seen that it required an unusual sternness of purpose to steadily pursue the scientific work, and it will not be saying too much, if I assert that 90 per cent. of the members of the Congress fell more or less from grace.

A few words on the opening of the Congress and the organization of the Sections, and I will conclude this letter, hoping to find time during my return voyage to give you an extract of the scientific work.

The first day was the grand opening of the Congress, in presence of the King and Queen, their court, the foreign ambassadors and the members of the Congress at the Costanza Theater. The multitude present, inside and outside of the building, was enormous. The introductory address was made by Minister Crispi, followed by Baccelli, Ruspoli, Virchow, and others, upon which Maragliano, the Secretary-General made his report. This was followed by speeches of the representatives of the various nations, and presentations to the King and Queen. The Presidents of the nineteen Sections, all Italians, were announced and from the national committees of the visiting nations the following illustrious names were announced as Vice-Presidents: Virchow, Sir James Paget, Sir W. MacCormac, Stokes, Stockvis, Grainger Stewart, Kocher, etc., and last but not least, Jacobi of New York, for the United States.

The speakers at the general sessions to be held in the afternoon at 4 o'clock (or as the Italians say at 15 o'clock) were by Virchow, Brouardel, Babes, Foster, Nothnagel, Laache, Danilewsky, Bizzozero, Cujas, Kocher, Jacobi, and Stockvis. These sessions were held at the Eldorado, near the Hygienic Exposition, on the Via Nazionale, in the center of the city, while the sessions of the Sections were at the Policlinico, as mentioned above.

In the afternoon of the first day the Sections were organized; that of Surgery electing Durante of Rome, as President, with Spencer Wells, MacCormac, Stokes, Macewen, Konig, Mikulicz, Ollier, Péan, Championniere, Lorenz, Janny, Lavista, Rossandu, Kocher, Murphy as Honorary Presidents. The Section of Military Medicine and Surgery elected Cipolla as President, and as Honorary Presidents, among others, Col. J. R. Smith, Assistant Surgeon-General U. S. A., senior delegate from the War Department, and myself among the Honorary Secretaries.

The sessions of the Sections lasted from 8 to 12, and from 1 to 3, but soon the majority of the afternoon sessions were abandoned. A great haste was apparent, in order to get through the vast number of papers, and many of those who had announced theirs were anxious to present them, in order to follow the army of those who preferred sight-seeing to the scientific labors.

A. C. GIRARD.

